

# CONTRACTOR FINANCIAL INFORMATION



UBI #
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**Complete this form in full and sign**

Contractor's name		Contractor's Registration number	
Address		My Contractor's Registration number expired on (date):        /        /	
City	State	ZIP+4	
I/We have an assignment of account in lieu of a bond in the following bank:		Name of Bank	
Address of Bank			
Amount of money in account \$	Account Number	Please release this assignment of account	Date                      Contractor's signature

Please fold and insert into a #10 window envelope.  
 Check to insure that address below shows through window.

Department of Labor & Industries  
 Contractors Registration  
 PO Box 44450  
 Olympia WA 98504-4450

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
NOTARY PUBLIC SIGNATURE
FOR THE STATE OF                      RESIDING AT
MY COMMISSION EXPIRES

F625-061-000 contractor financial information 10-98

***If you cut this page on the dotted line and slip the form bottom first into a window envelope, the address will show through the window.***